POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Z Practitioners associated with the Customer Number: 58766						
OR						
Practilioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
-	Name		Registration Number		Name	Registration Number
		***************************************	OGD (CO)	***************************************	······································	74011001
	***************************************	***************************************	***************************************		······	***************************************
	***************************************	***************************************		***************************************	***************************************	
	***************************************	***************************************		***************************************		
		***************************************	***************************************		***************************************	
as oftens	vici) or amantie)	to paragent the understand bet	are the United State	e Catest and Tradem	ask Office (NEDTO) is a	Sympotion with
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
58766						
The address associated with Customer Number:						
OR						
Firm or Individual Name						
Address						
City		······································	Charles			
,			State		Zip	
Country						
Telephone			Email			
1						
Assignee Name and Address: Foa Sana Liquidating Trust						
2134 Jardin Drive						
Mountain View, ČA 94040						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Dat 1				Date 522	>
Name					Telephone 🛵 🖔	·····
Tille	Trustee		***************************************	***************************************		

This objection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Trademan's Office U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.